

Worksheet - 2011-2012 Seasonal Influenza Vaccination Program

The following questions will help us determine if we should give your child the intranasal or the injectable influenza vaccination today. If you answer "yes" to any question, we will ask additional questions to determine which vaccine, if any, your child will receive. Please speak to your healthcare provider, if you have any questions.

Circle answers to questions 1-14:

1	Did your child receive a seasonal influenza vaccine last year (2010-2011)?	No	Yes
2	Does your child currently feel sick or have a fever?	No	Yes
3	Has your child ever had a serious reaction to a flu vaccine in the past?	No	Yes
4	Does your child have a history of Guillain-Barre Syndrome (GBS)?	No	Yes
5	Does your child have an allergy to any of the following: eggs, chicken or egg protein, gentamicin, gelatin, arginine, thimerosal, formaldehyde, or other vaccine components?	No	Yes
6	Is your child younger than 2 years of age?	No	Yes
7	Does your child have a history of asthma, reactive airway disease, or wheezing?	No	Yes
8	Does your child have heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes), a blood disorders or any other chronic health conditions?	No	Yes
9	Does your child have a weakened immune system because of HIV or another disease that affects the immune system; take long-term high-dose steroid treatments, or cancer treatment with radiation or drugs?	No	Yes
10	Is your child taking aspirin or aspirin-containing products?	No	Yes
11	Is your child taking any prescription medicines to prevent or treat influenza? Have they taken any antivirals in the last 48 hours?	No	Yes
12	Does your child live with or expect to have close contact with severely immunocompromised individuals who must be in a protective environment (such as transplant recipients?)	No	Yes
13	Is the adolescent to be vaccinated pregnant?	No	Yes
14	Has your child received any vaccines within the last 30 days or are they going to receive any additional vaccines within the next 4 weeks?	No	Yes

"I have read or have had explained to me the information in the 2011-2012 Influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature: _____

Date: _____

Below to be completed by healthcare provider

<input type="checkbox"/> Give injectable flu vaccine today <input type="checkbox"/> Give intranasal flu vaccine today <input type="checkbox"/> Do not administer flu vaccine today		
	Interviewer's Signature	Date

Vaccine Administered

<input type="checkbox"/> Live Intranasal Influenza (FluMist, MedImmune) Lot # _____ Dose: 0.2 ml Route: Intranasal		<input type="checkbox"/> Inactivated Influenza - 6 mo and older (Fluzone, Sanofi-Pasteur) <input type="checkbox"/> Inactivated Influenza – 9 yrs and older (Afluria, CSL) Lot # _____ Dose (6-35mo): 0.25mL Route: IM (6-12mo)Thigh L / R IM (>12mo) Deltoid L / R Dose (≥36mo): 0.5mL Route: IM Deltoid L / R		
Name: DOB: SSN:		Administered by: 		Date